

VICTIM IMPACT STATEMENT
SHELBY COUNTY VICTIM SERVICES

Defendant's Name:

Victim 's Name:

Psychological Impact: (describe your feelings since the crime and how your life has changed)

Personal and Family Change: (describe how your ability to relate to others has changed, how the crime has affected your work or going to school, or any change in life-style or stress related issues)

Total Restitution Due \$ _____

Economic Loss/Out of Pocket Expenses (include copies of medical bills not paid by ins. or Medicaid, estimates for repair of property, insurance deductibles, etc.)

Other: (comments about sentencing or conditions of probation, etc.)

Signature _____

Date: _____

Please return by

To: Susan Elsass
Shelby County Victim Services
P.O. Box 476
Sidney, OH 45365